

Fleet and Marine Corps HRA Sexual Health Supplement, CY 2012

Executive Summary

The Fleet and Marine Corps Health Risk Appraisal (HRA) is a 22-question self-assessment of many of the most common health risks. It supports preventive health screening and counseling by healthcare providers during the annual Periodic Health Assessment (PHA), provides individual members with credible sources of health information on the Web, provides data to health educators to plan and implement community interventions, and provides commanding officers at all levels with snapshots of their unit profiles.

The tool is web-based, but there is also a stand-alone Excel version that can be used on ships that have poor Internet connectivity. Completion of the assessment takes about three minutes and provides personalized reports to each individual. A total of 198,529 completed assessments were analyzed during this 12-month period and included both active and reserve (R) members from the Navy (USN), Marine Corps (USMC), and Coast Guard (USCG).

This report utilizes both descriptive and analytic methods to report the results on the total responses as well as by service component and specific demographic characteristics. Demographic variables that were examined included age, gender, race, rank, and service component. Analyses utilized one of two measures: 1) 'healthy' or 'unhealthy' risk ratings or 2) a risk score based on the total number of risks reported by an individual.



This analysis is limited to HRAs completed in Calendar Year 2012 by 98,042 active duty Sailors' and 30,428 active duty Marines' responses to the two sexual health questions on the HRA (questions #13 and #22), which read:

Question #13. In the past 12 months, how often did you or your partner(s) use a condom when you had sex (Read all choices below carefully before responding)?

- a. Not applicable. I am in a long-term relationship where we only have sex with each other / I am not sexually active
- b. Always
- c. Most of the time
- d. Sometimes
- e. Rarely
- f. Never

Question #22. For both men and women, regarding your actions related to possible pregnancy:

- a. I am not having sexual intercourse at this time in my life -OR- my partner or I are not fertile
- b. My partner and I are pregnant -OR- are trying to have a baby now
- c. My partner or I are correctly and consistently using birth control ALL the time
- d. My partner or I are correctly using birth control MOST of the time
- e. My partner or I are correctly using birth control SOME of the time
- f. My partner and I are not using birth control

Results

Table I. Percent Change in Healthy HRA Responses, Total^a

	2010-2011 (n = 180,481)	2012 (n = 198,529)	% Change
Condom Use	82.2	77.4	-5.9
Pregnancy Planning ^b	...	79.7	...

^a May not exactly total 100 due to rounding error.

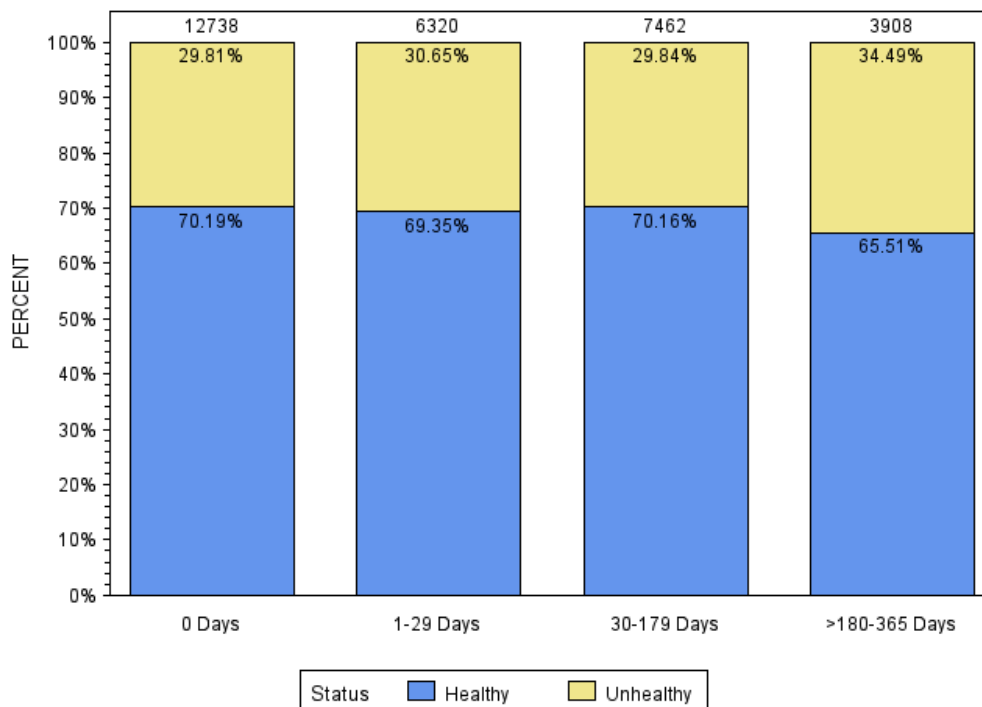
^b No comparison data available since the question was introduced in 2012.

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 05 April 2013.



Figure A displays self-reported condom usage in the USMC over the number of days deployed. There was a statistically significant decrease in healthy condom use from 0 days deployed (70.2%, 95% CI: 69.4-71.0) to 180-365 days deployed (65.5%, 64.0-67.0%).

Figure A:
Self-Reported Health Risk Assessment Data, 1 Jan 2012 - 1 Jan 2013
USMC Condom Usage Response Profile
 30,428 records

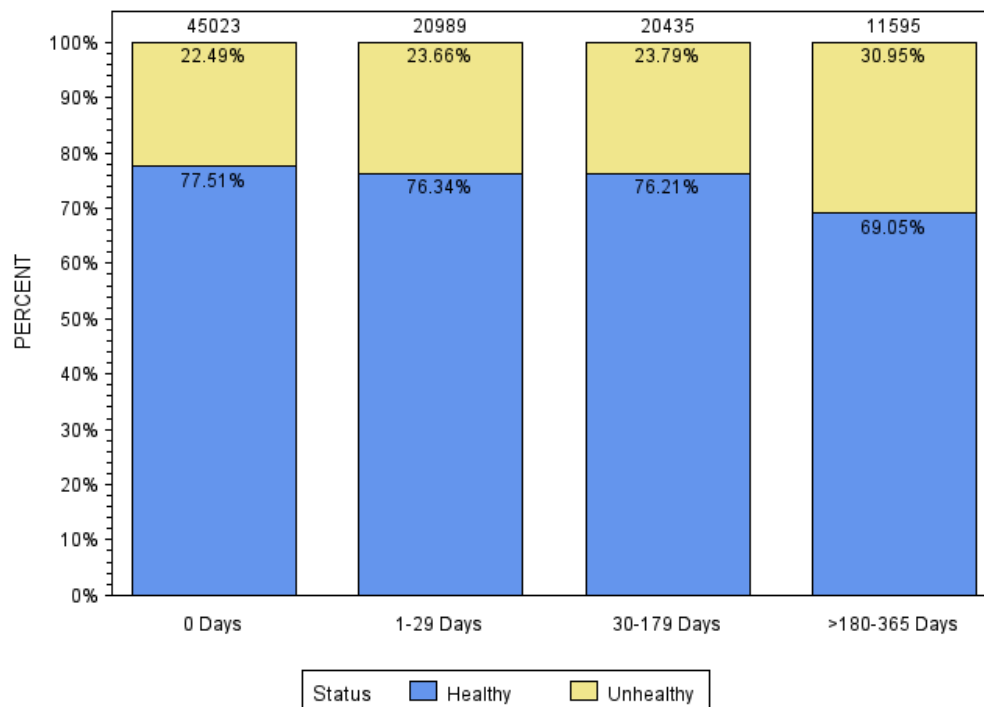


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 06 March 2013



Figure B displays self-reported condom usage in the USN over the number of days deployed. There was a statistically significant decrease in healthy condom use from 0 days deployed (77.5%, 95% CI: 77.1-77.9%) to 180-365 days deployed (69.0%, 68.2-69.9%).

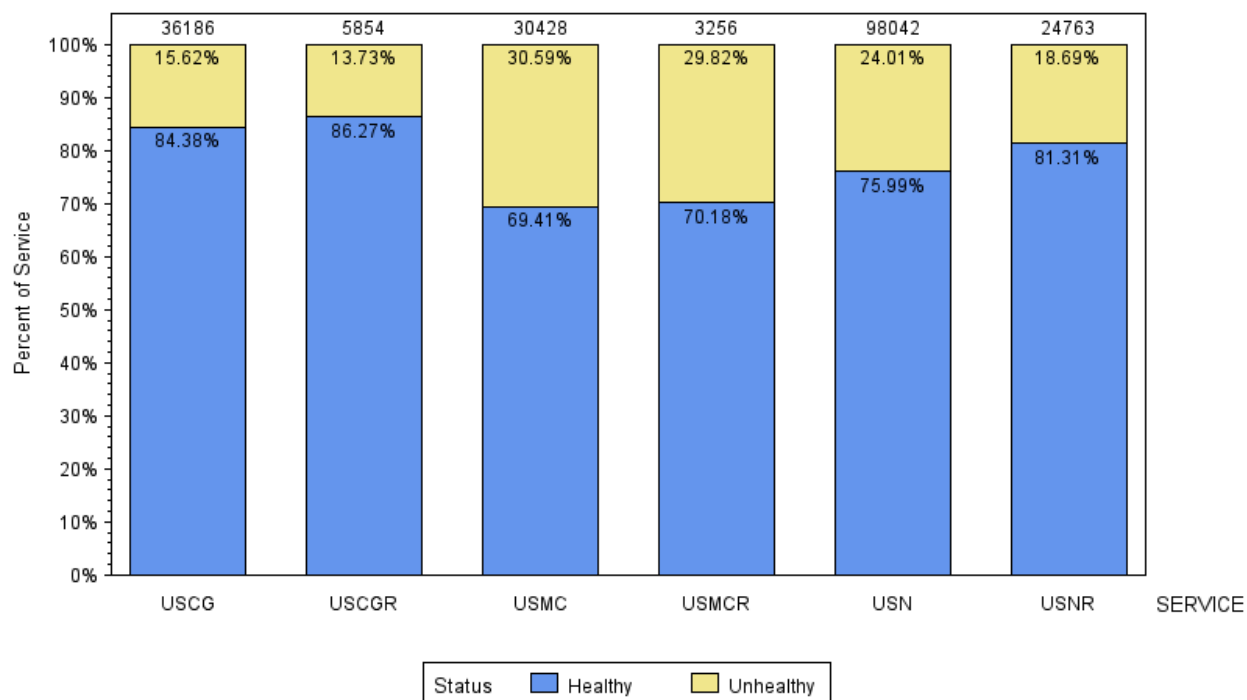
Figure B:
Self-Reported Health Risk Assessment Data, 1 Jan 2012 - 1 Jan 2013
USN Condom Usage Response Profile
 98,042 records



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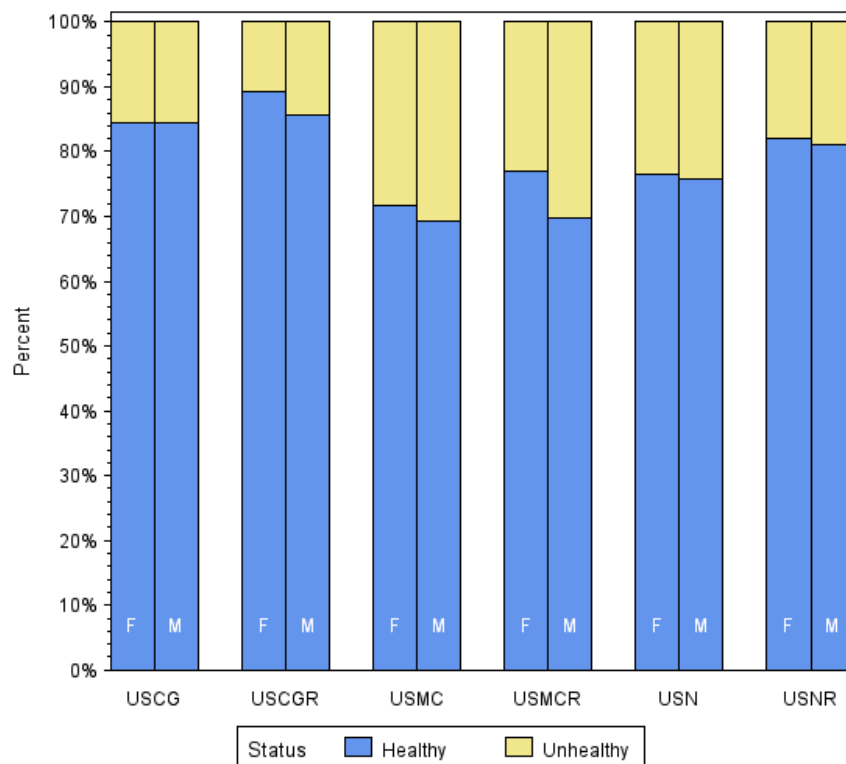
Figure C:
Self-Reported Health Risk Assessment Data, 1 Jan 2012 - 1 Jan 2013
Condom Usage Response Profile by Service Component
 198,529 records



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Figure D:
Condom Use Response Profile by Service Component and Gender
 198,529 records



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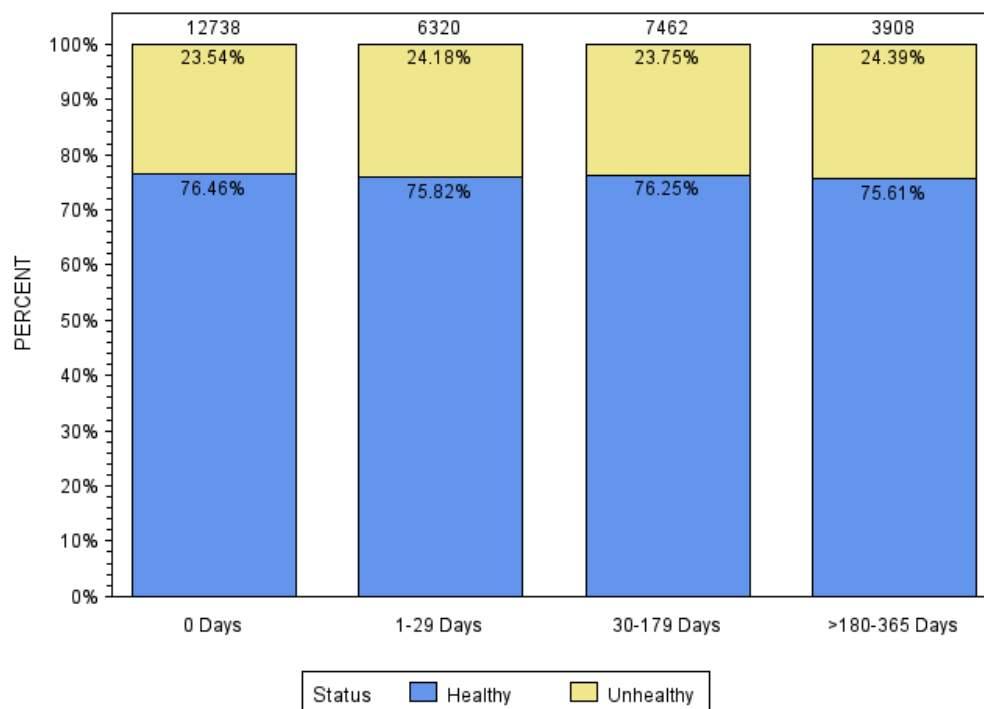
Table II. Condom Use Healthy Responses by Service Component and Gender

Service	Gender	%	n
USCG	Female	84.5	4,383
	Male	84.4	26,150
USCGR	Female	89.3	864
	Male	85.7	4,186
USMC	Female	71.7	1,685
	Male	69.2	19,434
USMCR	Female	77.1	148
	Male	69.7	2,137
USN	Female	76.6	15,680
	Male	75.8	58,820
USNR	Female	81.9	4,036
	Male	81.2	16,100

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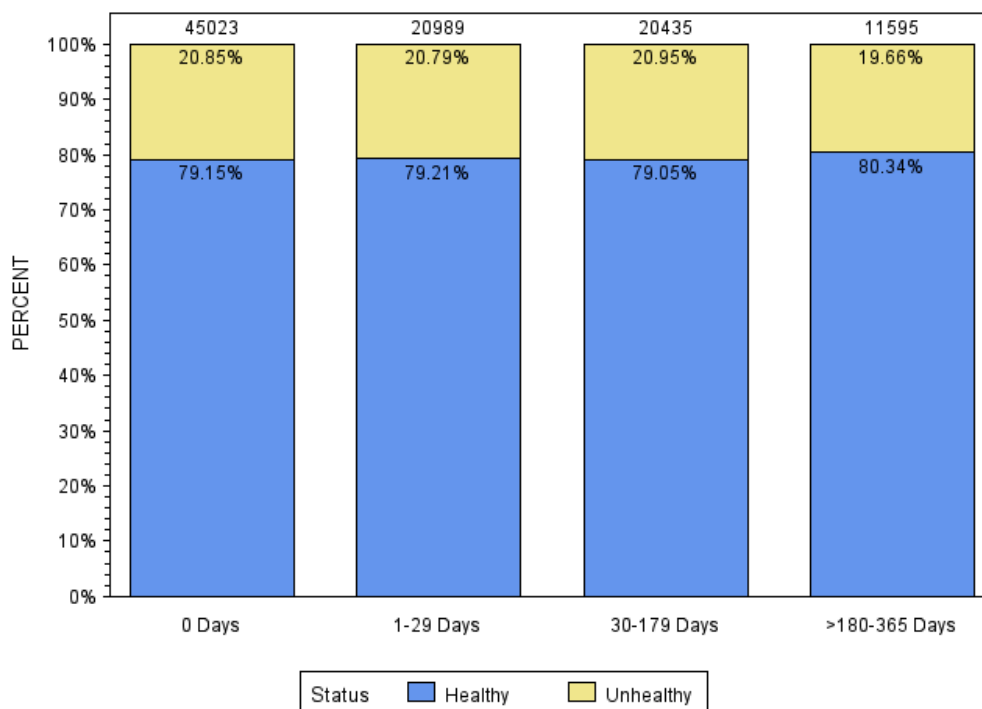
Figure E:
Self-Reported Health Risk Assessment Data, 1 Jan 2012 - 1 Jan 2013
USMC Pregnancy Planning Response Profile
30,428 records



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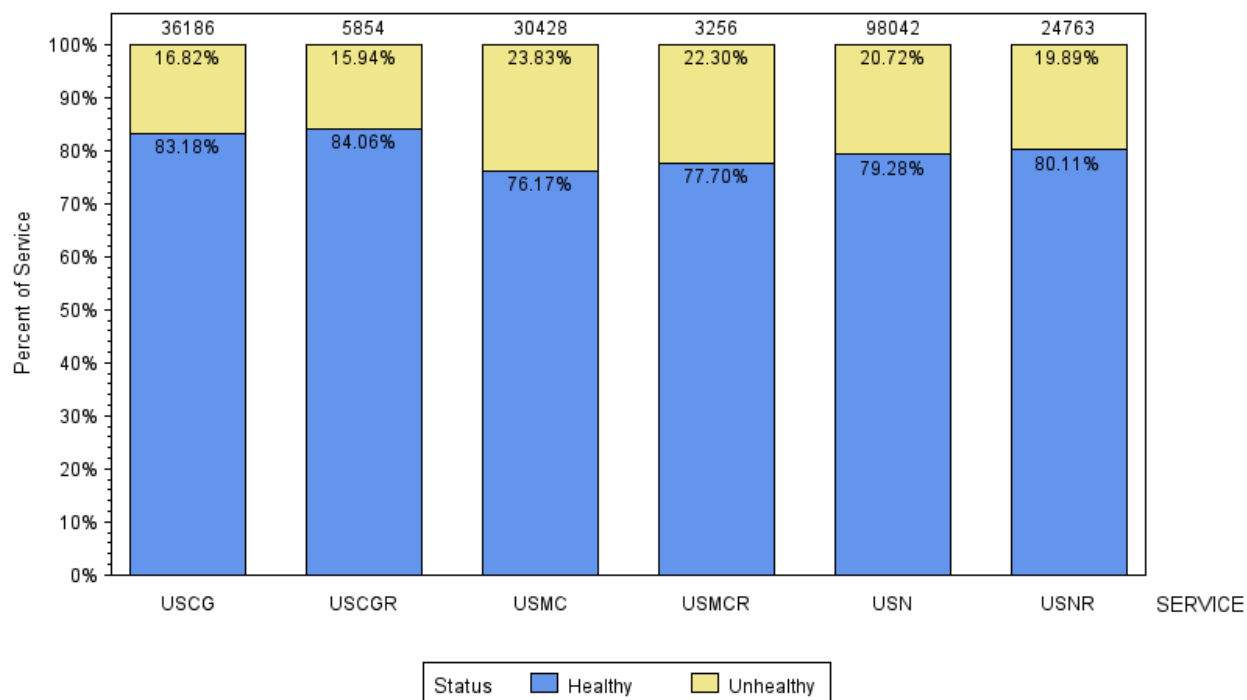
Figure F:
Self-Reported Health Risk Assessment Data, 1 Jan 2012 - 1 Jan 2013
USN Pregnancy Planning Response Profile
 98,042 records



Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 06 March 2013



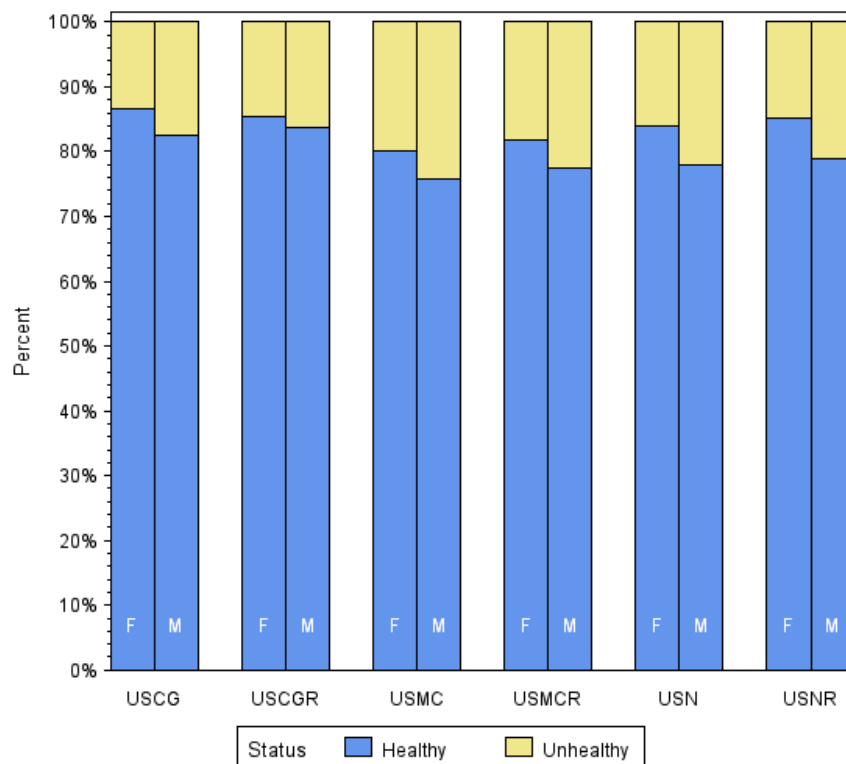
Figure G:
Self-Reported Health Risk Assessment Data, 1 Jan 2012 - 1 Jan 2013
Pregnancy Planning Response Profile by Service Component
 198,529 records



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Figure H:
Pregnancy Planning Response Profile by Service Component and Gender
 198,529 records



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Table III. Pregnancy Planning Healthy Responses by Service Component and Gender

Service	Gender	%	n
USCG	Female	86.6	5,186
	Male	82.6	31,000
USCGR	Female	85.5	967
	Male	83.8	4,887
USMC	Female	80.1	2,351
	Male	75.8	28,077
USMCR	Female	81.8	192
	Male	77.4	3,064
USN	Female	84.0	20,476
	Male	78.0	77,566
USNR	Female	85.1	4,927
	Male	78.9	19,836

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Discussion

Strengths and Limitations

One strength of the survey results is that the questionnaire does not ask for any personal identifiers, making it more likely that participants will answer honestly about risky behaviors in which they engage. In regards to sampling bias, taking the assessment is merely a matter of commands' implementation of the PHA process; thus, these responses would not represent merely a convenience sample.

Limitations of this report can be attributed to the limitations of the data collection tool. As a self-reported survey, the results can be biased due to participant recall or by the tendency to report socially desirable responses. As such, some overestimation of positive behaviors and underestimation of negative behaviors may occur. Although there is no reason to suspect that individuals complete the questionnaire multiple times, there is no way to block or detect duplicate entries. It is also difficult to directly compare service components because the demographic characteristics that influence health behavior, as described earlier, vary significantly.

Notes

An active duty sailor or marine is diagnosed with HIV about every four days¹. In 2012, over 5,000 active duty sailors and marines were diagnosed with syphilis, gonorrhea, or chlamydia². The most reliable way to avoid sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), is to abstain from sexual activity or to be in a long-term mutually monogamous relationship with an uninfected partner. For people who engage in sex outside of a long-term mutually monogamous relationship, male latex condoms, worn correctly and every time, reduce the risk of acquiring or transmitting HIV, syphilis, gonorrhea, chlamydia, chancroid, genital herpes, trichomoniasis, and human papillomavirus. Inconsistent use of condoms (i.e. not using them “always”) can lead to STI because transmission can occur with a single sexual encounter (vaginal, oral, or anal sex) with an infected partner.

Unplanned pregnancies are common among military members aged 18-24³. In 2010, two of three surveyed active duty enlisted Navy women said their last pregnancy while in the Navy was unplanned, with non-use of contraception accounting for about half of these unplanned pregnancies and contraception failure (inconsistent use of oral contraceptive pills or condoms) accounting for nearly all others⁴.



References:

1. NMCPHC, Navy Bloodborne Infection Management Center (NBIMC). HIV Seroconversion Data. 2012 (Unpublished).
2. NMCPHC EpiData Center. Sexually Transmitted Infections Annual Report 2012.
3. Navy Personnel Research, Studies, and Technology. 2010 Pregnancy and Parenthood Survey. Available at:
<http://www.nprst.navy.mil/SurveyResults/2010NavyPregnancyandParenthoodSurvey.pdf>.
Published September 2011. Accessed March 4, 2013.
4. Bray, R., Pemberton, M., Hourani, L., et al. 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. Available at:
<http://www.tricare.mil/tma/2008HealthBehaviors.pdf> . Published September 2009. Accessed March 4, 2013.

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